

**Amended Fiduciary  
Income and Replacement  
Tax Return**

Do not write above this line.

Indicate what tax year you are amending: Tax year beginning month day year, ending month day year

If you are filing an amended return for tax years ending **before December 31, 2010**, you cannot use this form. For prior years, use the amended return form for that year.Write the amount you are paying.  
\$**Step 1: Identify your fiduciary****A** Check the box that identifies your fiduciary. ☐ Trust ☐ Estate**B** Write your complete legal business name.  
If you have a name change check this box. ☐

Name: \_\_\_\_\_

**C** If you have an address change check this box and complete the following information. ☐

C/O: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**D** Check the applicable box for the type of change being made.☐ NLD ☐ State change ☐ Federal changeIf a federal change, check one: ☐ Partial agreed ☐ Finalized

Write the finalization date \_\_\_\_\_ Attach federal finalization.

**E** Check the box if you are filing this form **only** to report an increased net loss on Column B, Line 30. ☐**F** Write your federal employer identification no. (FEIN).  
\_\_\_\_\_ - \_\_\_\_\_**G** Check the box if you are an  
☐ Electing small business trust (ESBT)  
☐ Individual bankruptcy estate**H** Check the box if you are not an Illinois resident and attach Illinois Schedule NR. ☐**I** Check the box if Schedule 1299-D is attached. ☐**J** Check the box if Schedule I is attached. ☐**K** Check the box if you attached Form IL-4562. ☐**L** Check the box if you attached Schedule M. ☐**M** Check the box if Schedule 80/20 is attached. ☐**N** If you have completed federal Form 8886, check the box and **attach** it to this return. ☐**O** Check the box if you are making a discharge of indebtedness adjustment on Line 28 or Schedule NLD and **attach** federal Form 982. ☐**Step 2: Explain the changes on this return****Step 3: Figure your income or loss**

	<b>A</b> As most recently reported or adjusted		<b>B</b> Corrected amount	
	Beneficiaries	Fiduciary	Beneficiaries	Fiduciary
<b>1</b> Federal taxable income from U.S. Form 1041, Line 22.		<b>1</b> _____ .00		<b>1</b> _____ .00
<b>2</b> Federal net operating loss deduction from U.S. Form 1041, Line 15a. This amount cannot be negative.		<b>2</b> _____ .00		<b>2</b> _____ .00
<b>3</b> Taxable income of ESBT, if required.		<b>3</b> _____ .00		<b>3</b> _____ .00
<b>4</b> Exemption claimed on U.S. Form 1041.		<b>4</b> _____ .00		<b>4</b> _____ .00
<b>5</b> Illinois income and replacement tax deducted in arriving at Line 1.	<b>5a</b> _____ .00	<b>5b</b> _____ .00	<b>5a</b> _____ .00	<b>5b</b> _____ .00
<b>6</b> State, municipal, and other interest income excluded from Line 1.	<b>6a</b> _____ .00	<b>6b</b> _____ .00	<b>6a</b> _____ .00	<b>6b</b> _____ .00
<b>7</b> Illinois Special Depreciation addition (Form IL-4562).	<b>7a</b> _____ .00	<b>7b</b> _____ .00	<b>7a</b> _____ .00	<b>7b</b> _____ .00
<b>8</b> Related-party expenses addition (Schedule 80/20).	<b>8a</b> _____ .00	<b>8b</b> _____ .00	<b>8a</b> _____ .00	<b>8b</b> _____ .00
<b>9</b> Distributive share of additions (Schedule(s) K-1-P or K-1-T).	<b>9a</b> _____ .00	<b>9b</b> _____ .00	<b>9a</b> _____ .00	<b>9b</b> _____ .00
<b>10</b> Other additions (Schedule M for businesses).	<b>10a</b> _____ .00	<b>10b</b> _____ .00	<b>10a</b> _____ .00	<b>10b</b> _____ .00
<b>11</b> Add Lines 1 through 4 and Lines 5b through 10b. This is your total income or loss.		<b>11</b> _____ .00		<b>11</b> _____ .00

Attach your payment here.





	A		B	
	Beneficiaries	As most recently reported or adjusted Fiduciary	Beneficiaries	Corrected amount Fiduciary
12 Write the amounts from Line 11.	12	.00	12	.00

#### Step 4: Figure your Illinois base income or net loss

13 August 1, 1969, valuation limitation amount (Schedule F).	13a	.00	13b	.00	13a	.00	13b	.00
14 Payments from certain retirement plans.	14a	.00	14b	.00	14a	.00	14b	.00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a	.00	15b	.00	15a	.00	15b	.00
16 Retirement payments to retired partners.	16a	.00	16b	.00	16a	.00	16b	.00
17 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B).	17a	.00	17b	.00	17a	.00	17b	.00
18 High Impact Business Dividend subtraction (Schedule 1299-B).	18a	.00	18b	.00	18a	.00	18b	.00
19 Contributions to certain job training projects.	19a	.00	19b	.00	19a	.00	19b	.00
20 Illinois Special Depreciation subtraction (Form IL-4562).	20a	.00	20b	.00	20a	.00	20b	.00
21 Related-party expenses subtraction (Schedule 80/20).	21a	.00	21b	.00	21a	.00	21b	.00
22 Distributive share of subtractions (Schedule(s) K-1-P or K-1-T).	22a	.00	22b	.00	22a	.00	22b	.00
23 ESBT loss amount.	23a	.00	23b	.00	23a	.00	23b	.00
24 Other subtractions (Schedule M).	24a	.00	24b	.00	24a	.00	24b	.00
25 Total subtractions. Add Lines 13b through 24b. See instructions.	25	.00	25	.00	25	.00	25	.00
26 Base income or net loss. Subtract Line 25 from Line 12.	26	.00	26	.00	26	.00	26	.00

If you are a nonresident of Illinois, complete Schedule NR; otherwise continue to Step 5.

#### Step 5: Figure your net income

27 Base income or net loss from Line 26 or, if you are a nonresident, from Schedule NR, Line 51.	27	.00	27	.00
28 Discharge of indebtedness adjustment (U.S. Form 982).	28	.00	28	.00
29 Adjusted base income or net loss. Add Lines 27 and 28.	29	.00	29	.00
30 Illinois net loss deduction (Schedule NLD). If Line 27 is zero or a negative amount, write "0."	30	.00	30	.00
31 Standard exemption. Residents only: Write \$1,000. Nonresidents only: Write the amount from Sch. NR, Line 54.	31	.00	31	.00
32 Add Lines 30 and 31.	32	.00	32	.00
33 Net income. Subtract Line 32 from Line 29. If the amount is negative, write "0".	33	.00	33	.00

#### Step 6: Figure your net replacement tax — For trusts only, estates go to Step 7.

34 Replacement tax. Multiply Line 33 by 1.5% (.015).	34	.00	34	.00
35 Recapture of investment credits (Schedule 4255).	35	.00	35	.00
36 Replacement tax before investment credits. Add Lines 34 and 35.	36	.00	36	.00
37 Investment credits (Form IL-477).	37	.00	37	.00
38 Net replacement tax. Subtract Line 37 from Line 36. If negative, write "0".	38	.00	38	.00



**A**  
As most recently  
reported or adjusted  
Fiduciary

**B**  
Corrected  
amount  
Fiduciary

**39** Write the amounts of net income from Line 33.

**39** \_\_\_\_\_ **.00**

**39** \_\_\_\_\_ **.00**

**Step 7: Figure your net income tax**

**40** Income tax. Multiply Line 39 by 3% (.03).

**40** \_\_\_\_\_ **.00**

**40** \_\_\_\_\_ **.00**

**41** Recapture of investment credits (**Schedule 4255**).

**41** \_\_\_\_\_ **.00**

**41** \_\_\_\_\_ **.00**

**42** Income tax before credits. Add Lines 40 and 41.

**42** \_\_\_\_\_ **.00**

**42** \_\_\_\_\_ **.00**

**43** Credit for income tax paid to another state while an Illinois resident (**Schedule CR**).

**43** \_\_\_\_\_ **.00**

**43** \_\_\_\_\_ **.00**

**44** Income tax credits (**Schedule 1299-D**).

**44** \_\_\_\_\_ **.00**

**44** \_\_\_\_\_ **.00**

**45** Total credits. Add Lines 43 and 44.

**45** \_\_\_\_\_ **.00**

**45** \_\_\_\_\_ **.00**

**46 Net income tax.** Subtract Line 45 from Line 42.  
If negative, write "0."

**46** \_\_\_\_\_ **.00**

**46** \_\_\_\_\_ **.00**

**Step 8: Figure your refund or balance due**

**47** Trusts only: net replacement tax from Line 38.

**47** \_\_\_\_\_ **.00**

**47** \_\_\_\_\_ **.00**

**48** Net income tax from Line 46.

**48** \_\_\_\_\_ **.00**

**48** \_\_\_\_\_ **.00**

**49** Total net income and replacement taxes.  
Add Lines 47 and 48.

**49** \_\_\_\_\_ **.00**

**49** \_\_\_\_\_ **.00**

**50** Payments

**a** Illinois Income Tax withheld (**Form(s) W-2 or W-2G**).

**50a** \_\_\_\_\_ **.00**

**b** Credit from prior year overpayment.

**50b** \_\_\_\_\_ **.00**

**c** Form IL-505-B (extension) payment.

**50c** \_\_\_\_\_ **.00**

**d** Pass-through entity payments (**Schedule(s) K-1-P or K-1-T**). **50d** \_\_\_\_\_ **.00**

**51** Total payments. Add Lines 50a through 50d.

**51** \_\_\_\_\_ **.00**

**52** Tax paid with original return (do not include penalties and interest).

**52** \_\_\_\_\_ **.00**

**53** Subsequent tax payments made since the original return.

**53** \_\_\_\_\_ **.00**

**54** Total tax paid. Add Lines 51, 52, and 53.

**54** \_\_\_\_\_ **.00**

**55** Total amount previously refunded and/or credited for the year being amended,  
whether or not you received the overpayment.

**55** \_\_\_\_\_ **.00**

**56** Net tax paid. Subtract Line 55 from Line 54.

**56** \_\_\_\_\_ **.00**

**57 Refund.** Subtract Line 49 from Line 56.

**57** \_\_\_\_\_ **.00**

**58 Tax due.** Subtract Line 56 from Line 49.

**58** \_\_\_\_\_ **.00**

**59** Penalty (See instructions.)

**59** \_\_\_\_\_ **.00**

**60** Interest (See instructions.)

**60** \_\_\_\_\_ **.00**

**61** Total balance due. Add Lines 58, 59, and 60.

**61** \_\_\_\_\_ **.00**

► **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀



Write the amount of your payment on the top of Page 1 in the space provided.

**Step 9: Sign here**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of fiduciary's authorized representative \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

Signature of preparer \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Social Security Number or firm's FEIN \_\_\_\_\_

Preparer firm's name (or yours, if self-employed) \_\_\_\_\_ Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

► **Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016** ◀



# Schedule D Beneficiary Information

Attach to your Form IL-1041

Year ending

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1041.

Write your federal employer identification number (FEIN).

## Step 1: Provide the following information

1 Write the amount from your Form IL-1041, Line 27.

1 \_\_\_\_\_

2 Write the apportionment factor from your Form IL-1041, Schedule NR, Step 6, Line 3.

2 \_\_\_\_\_. \_\_\_\_\_

## Step 2: Identify your beneficiaries. Attach additional sheets if necessary.

A	B	C	D	E	F	G
Name and Address	SSN or FEIN	Beneficiary type (See instructions.)	Total amount of base income (loss) distributable (See instr.)	Check the box if the beneficiary is an Illinois nonresident	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____

7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.)

7 \_\_\_\_\_

